07517

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 10 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 37 South Prospect

3. NAME OF DECEASED (Type or Print) (First) Carroll (Middle) Koons (Last) Beard
4. DATE OF DEATH (Month) July (Day) 23 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH March 18, 1887
9. AGE last birthday 63 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Union Bridge Carroll, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James H. Koons
14. MOTHER'S MAIDEN NAME Ammie Clabaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No N (If year, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS St Pauls Ct. Apt. Miss Caroline Clifton 3120 St Paul St. Balt. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	8 hrs
331 Antecedent cause(s)		
186a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio sclerosis	10 years
	(c) Fracture left hip	2 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) acc.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Hagerstown (COUNTY) Wash (STATE) Md
TIME OF INJURY (Month) July (Day) 21 (Year) 50 (Hour) 6A m.
INJURY OCCURRED While at Work ☒ Not While At work ☐
HOW DID INJURY OCCUR? Fell on floor going to phone

22. I hereby certify that I attended the deceased from 7/21, 1950, to 7/23, 1950 that I last saw the deceased alive on 7/23, 1950 and that death occurred at 5 30 p.m., from the causes and on the date stated above.

SIGNATURE J R Dwyer (Degree or title) MD ADDRESS Hagerstown Md DATE SIGNED 7/24/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 7/26/50
NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery
LOCATION (City, town, or county) Balt. Balt. Co. Md. (State)

DATE REC'D BY LOCAL REG. July 24, 1950
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Andrew K, Coffman ADDRESS Hagerstown, Md.

903.0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

D. Dwyer

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07518

Dr Victor Miller

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; LENGTH OF STAY (in this place): 10 Yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 115 King St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; STREET ADDRESS (If rural, give location): 115 King St.

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) MARY (Last) BENTZ

4. DATE OF DEATH (Month) (Day) (Year): July 18 1950 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Dec 8 1880

9. AGE last birthday: 69 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk- Leitzr Bros Store

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Funkstown Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John C? Bentz

14. MOTHER'S MAIDEN NAME: Jane Bovey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service): --

16. SOCIAL SECURITY NO.: 214-09-0726

17. INFORMANT AND ADDRESS: Victor R. Bentz Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Endocarditis — Interval Between Onset and Death: 10 years (?)

4500

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerosis — 10 years (?)

92 a

(c) ✓

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ✓ (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): ✓ m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan, 1940, to 7/18, 1950, that I last saw the deceased alive on July 17, 1950, and that death occurred at 8a m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Victor D. Miller — ADDRESS: DR. VICTOR D. MILLER 121 W. WASHINGTON ST. HAGERSTOWN, MD. — DATE SIGNED: 7/18-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 7/20/50 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.: July 20. 1950 — REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman, Hagerstown, Md

26660

RECEIVED
JUL 24 1950
BUREAU V. S.

07519

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 115 East Baltimore St.,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 115 East Baltimore St.,

3. NAME OF DECEASED (Type or Print) (First) John R. (Middle) (Last) Biser

4. DATE OF DEATH (Month) July 16, (Day) 1950 (Year) 19

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH March 9, 1869

9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer-laborer

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James Biser

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Henry W. Biser, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Gangrene st foot	3 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes mellitus, hypertension	2 yrs
	(c) Arteriosclerosis	

260x

61

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1948, to 16 July, 1950, that I last saw the deceased alive on 14 July, 1950, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

SIGNATURE Eldon Hoachlander (Degree or title) MD ADDRESS Hagerstown Md DATE SIGNED 7/17/15.

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF July 19, 1950

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REG. July 18, 1950

REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Fred W. Kraiss, Hagerstown, Md. ADDRESS

866 VV

RECEIVED
JUL 20 1950
BUREAU V. S.

DEPUTY MEDICAL EXAM.
WASH. CO. MD.

Evidence for change as shown in #18

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07520

FILM No. G 127 AUG 23 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 10 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 429 Mechanic Street	STREET ADDRESS (If rural, give location) 429 Mechanic Street

3. NAME OF DECEASED (Type or Print)	(First) James	(Middle) David	(Last) Black	4. DATE OF DEATH	(Month) July	(Day) 30	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 6-19-1907	9. AGE last birthday 43 yrs.	If under 1 year Months 1	Days 11	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Cent. Chem. Co.	11. BIRTHPLACE (State or foreign country) Luray, Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Buford Black	14. MOTHER'S MAIDEN NAME Lizzie Comer						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No. 224-03-3713	17. INFORMANT AND ADDRESS Mrs. Wm. Harne, Hagerstown, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute alcoholic narcosis (Spinal fluid 0.39%) (8/22/50 ams)

322.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ~~undetermined - toxicology report~~

77c (c) ~~not complete yet~~

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. alcoholism

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☑ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) no	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) no m.	INJURY OCCURRED While at Work ☑ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible] death, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 12:20 A EDT m., from the causes and on the date stated above.

SIGNATURE (Degree or title) S. Robert Wells, M.D. — DEPUTY MEDICAL EXAM. WASH. CO., MD. — ADDRESS Hagerstown, Md. — DATE SIGNED July 31 '50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 8-1-1950	NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	LOCATION (City, town, or county) (State) Hagerstown, Maryland
DATE REC'D BY LOCAL REG. Aug. 1, 1950	REGISTRAR'S SIGNATURE Chas. H. Bowers	24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Md.	ADDRESS

49617

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 3 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07521

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport RURAL; LENGTH OF STAY (in this place) 31yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport RFD#2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL- Williamsport; STREET ADDRESS (If rural give location) Williamsport RFD#2 Bower Ave.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Andrew (Last) Bopp

4. DATE OF DEATH: (Month) July (Day) 23, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 25, 1875

9. AGE last birthday: 74 yrs. If under 1 year: Months 6 Days 28; If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer -Owner

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Near Williamsport, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John A. Bopp

14. MOTHER'S MAIDEN NAME: Mary Cunningham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: Non

17. INFORMANT: Mrs. Harold Miner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 Days

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/19/50, 19....., to 7/23/50, 19....., that I last saw the deceased alive on 7/23/50, 19....., and that death occurred at 4:47 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. F. Laun M.D. Williamsport Md. 7/24/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: July 26, 1950

NAME OF CEMETERY OR CREMATORY: Manor Cemetery

LOCATION (City, town, or county) (State): Near Tilghmanton, Maryland

DATE REC'D BY LOCAL REG.: July 26-50

REGISTRAR'S SIGNATURE: O Lee McElroy

24. FUNERAL DIRECTOR ADDRESS: Edith V. Leaf ; Williamsport, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 31 1950
BUREAU W.B.

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07522

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY WASHINGTON MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN — LENGTH OF STAY (in this place) LIFE	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS 334 SOUTH ST	STREET ADDRESS (If rural, give location) 334 SOUTH ST

3. NAME OF DECEASED (Type or Print)	(First) THOMAS	(Middle) W.	(Last) BOYER	4. DATE OF DEATH	(Month) JULY (Day) 1 (Year) 1950
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 11, 1886	9. AGE last birthday 63 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM LABORER	10b. KIND OF BUSINESS OR INDUSTRY TENANT FARMER	11. BIRTHPLACE (State or foreign country) MA RYLAND	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME CHARLES BOYER	14. MOTHER'S MAIDEN NAME KATHERINE ARTZ ~~BOYER~~				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)	16. SOCIAL SECURITY NO. 124-09-2551	17. INFORMANT AND ADDRESS MRS. HARRY R. POOLE, HAGERSTOWN, MD.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Arterio sclerotic Cardio Vascular Disease with myocardial failure — 10 yrs

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) None	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 May, 1950, to 1 July, 1950, that I last saw the deceased alive on 28 June, 1950, and that death occurred at 400 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
F F Lusby	2 35 N Potomac	Hagerstown Md	1 July 50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE JULY 3, 1950	NAME OF CEMETERY OR CREMATORY MANOR CEMETERY	LOCATION (City, town, or county) (State) WASHINGTON CO., MD
DATE REC'D BY LOCAL REG. July 3, 1950	REGISTRAR'S SIGNATURE Chas H. Bowers	24. FUNERAL DIRECTOR W.T. Norment	ADDRESS Hagerstown, Md.

866 VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

230 N. Post.

RECEIVED
JUL 5 1950
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07523

CERTIFICATE OF DEATH

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade; MARYLAND; LENGTH OF STAY (in this place) 4½ mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; STREET ADDRESS (If rural, give location) 412 Freedom St.

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Bell (Last) Brooks

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar. 14 1914

9. AGE last birthday: 36 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Tittle

14. MOTHER'S MAIDEN NAME: Isabelle Griffin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Rheumatic Heart Disease — Interval between onset and death: 6½ mos.

416 x

95 b

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 12, 1950, to July 1, 1950, that I last saw the deceased alive on June 30, 1950, and that death occurred at 7 40 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William B Burch	M.D.	Ritchie State Hospital Cascade Md	7-1-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/4/50	Havre De Grace Cem	Havre De Grace Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/11/50	John P Cashman Dy Local Reg	H K Coffman	Hagerstown Md.

RECEIVED
JUL 5 1950
BUREAU V. S.

07524

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY: Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): 68 year	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 199 Berkson Avenue.	STREET ADDRESS (If rural, give location): 199 Berkson Avenue.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Lenard (Last) Briscoe

4. DATE OF DEATH (Month) 7 (Day) 7 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 6/13/1870

9. AGE last birthday: 80 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Servant

10b. KIND OF BUSINESS OR INDUSTRY: Private Family

11. BIRTHPLACE (State or foreign country): Clear Spring, Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George T Briscoe

14. MOTHER'S MAIDEN NAME: Isabella Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Viola Briscoe 199 Berkson Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Endo Carditis -	? 8-10 years
421.4 Antecedent cause(s)	Arterio-Sclerosis -	?
92d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) ✓	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓

19b. MAJOR FINDINGS OF OPERATION: ✓

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): ✓ — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): ✓ (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓ — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from Jan, 1949, to July 7, 1950, that I last saw the deceased alive on July 7, 1950, and that death occurred at 11 P.m., from the causes and on the date stated above.

SIGNATURE: Victor D Miller M.D. (Degree or title) JR. VICTOR D. MILLER, M.D. — ADDRESS: 111 W. WASHINGTON ST., HAGERSTOWN, MD. — DATE SIGNED: 7/10-1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 7/11/1950 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown Maryland.

DATE REC'D BY LOCAL REG.: July 11 1950 — REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR: William H Downey — ADDRESS: 291 Fredrick St Hagerstown

52086

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 13 1950
BUREAU V. S.

07525

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (in this place) 13 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Millie (Middle) E (Last) Carbaugh
4. DATE OF DEATH (Month) July (Day) 31 (Year) 1950
5. SEX female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Apr. 8, 1881
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Frederick Co
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles Fogle
14. MOTHER'S MAIDEN NAME Mary Mathews
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hospital record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of uterus - cervix	~1 yr
171X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 480	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. a) Urinary infection; b) Anemia, scaundary; c) arteriosclerosis, general

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/18, 1950, to 7/31, 1950, that I last saw the deceased alive on July 31, 1950, and that death occurred at 920 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Asel A. Paas, M.D. Ritchie State Hosp., Cascade, Md. July 31, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 2 50
NAME OF CEMETERY OR CREMATORY Brethren Lawnstown M.E.
LOCATION (City, town, or county) Thurmont Frederick Co. (State) Md

DATE REC'D BY LOCAL REG. 7/31/50
REGISTRAR'S SIGNATURE John R. Mathews Dep. Local Registrar
24. FUNERAL DIRECTOR M. L. Creager & Son ADDRESS Thurmont Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
AUG 4 1960
BUREAU OF S

106

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

7526

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Auto Enroute to Cedar Spring
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 787 S. Potomac

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) Lee (Last) Cross

4. DATE OF DEATH: (Month) July (Day) 4th (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 14-1890

9. AGE last birthday: 59 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman of Labor

10b. KIND OF BUSINESS OR INDUSTRY: Cemetery

11. BIRTHPLACE (State or foreign country): Washington Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Cross

14. MOTHER'S MAIDEN NAME: Elizabeth Moots

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: 217-09-6564

17. INFORMANT AND ADDRESS: Name H. Cross Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute coronary occlusion — Interval between onset and death: 1 hr.

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

94a

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): no m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sudden to death, 19....., that I last saw the deceased alive on....., 19....., and that death occurred at about 4:30 P. m. EDT, from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert Wells M.D. DEPUTY MEDICAL EXAM. WASH. CO. MD
ADDRESS 115 N. Potomac St. Hagerstown, Md.
DATE SIGNED July 6 '50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 7/8/50
NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery
LOCATION (City, town, or county) (State): Hagerstown Md

DATE REC'D BY LOCAL REG. July 7 1950
REGISTRAR'S SIGNATURE: J. W. Murray Local

24. FUNERAL DIRECTOR: Rest Haven Funeral Chapel Inc
ADDRESS: Hagerstown Md.

3168

RECEIVED
JUL 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07527

CERTIFICATE OF DEATH

Reg. Dist. No. 307

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brownsville - Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brownsville Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brownsville Rural
STREET ADDRESS (If rural, give location) Brownsville Md.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Albert	Mc Kinley	Deemer	July	21	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Feb. 21-1902	48-5-0 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Uniontown Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert N. Deemer
14. MOTHER'S MAIDEN NAME: Flora Kellbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None.
17. INFORMANT AND ADDRESS: Mrs. Annabelle Deemer Brownsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	14 days
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Bronchitis	??
	(c)	

502.1
83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June-22, 1950, to July 21, 1950 that I last saw the deceased alive on July 21, 1950, and that death occurred at 4:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W B Carpenter	M.D.	Lovettsville - Va.	7/22/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 24, 1950	Church of the Brethren Cemetery	Brownsville Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/23/50	Cornelius H. Castle	Wm. F. Bast & Sons	Boonsboro Md

OTOW

RECEIVED
JUL 28 1980

07528

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 20 Year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rear of 245 N Jonathan St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) Rear of 245 N Jonathan St

3. NAME OF DECEASED (Type or Print) (First) Israel (Middle) (Last) Dotson
4. DATE OF DEATH (Month) 7 (Day) 19 (Year) 1950

5. SEX Male
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 6/20/1903
9. AGE last birthday 47 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Building Const
11. BIRTHPLACE (State or foreign country) Charlestown, W. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Dotson
14. MOTHER'S MAIDEN NAME Mary Hull

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-10-3503
17. INFORMANT AND ADDRESS Mrs. Mary Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis bi-lateral at least 6 years c̄ cavity in right upper

002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 4, 1950, to July 19, 1950, that I last saw the deceased alive on July 17, 1950, and that death occurred at 3:45 P DST. m., from the causes and on the date stated above.

SIGNATURE W. J. Layman (Degree or title) M.D. ADDRESS Hagerstown, Md DATE SIGNED July 22, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 24-1950
NAME OF CEMETERY OR CREMATORY Washington Co. Home
LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REG. July 24, 1950
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR William H Downey ADDRESS 291 Frederick St

98849

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUL 28 1980
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07529

DR. RALPH YOUNG

301

Reg. Dist. No. ~~302~~

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: WASHINGTON; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WILLIAMSPORT
LENGTH OF STAY (in this place): 2 WEEKS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: WILLIAMSPORT SANITARIUM

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND; COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WILLIAMSPORT
STREET ADDRESS (If rural, give location): 111 POTOMAC ST

3. NAME OF DECEASED (Type or Print): (First) MYRTLE (Middle) RUTH (Last) DOUGHTY

4. DATE OF DEATH: (Month) JULY (Day) 27 (Year) 1950

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: MARCH 15 1884

9. AGE last birthday: 66 yrs. If under 1 year: Months; If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): BASIC CITY, AUGUSTA CO. VA.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: CHARLES ZIMMERMAN

14. MOTHER'S MAIDEN NAME: NO RECORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: CLIFFORD W. BRANCH, 900 MAIN AVE, HAGERSTOWN, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 4 Days

94a Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/23/50, 19..., to 7/27/50, 19..., that I last saw the deceased alive on 7/27/50, 19..., and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE: C. F. Young M.D. (Degree or title) ADDRESS: Williamsport Md. DATE SIGNED: 7/28/50

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE: 7/29/50

NAME OF CEMETERY OR CREMATORY: ROSE HILL CEMETERY

LOCATION (City, town, or county) (State): HAGERSTOWN MD.

DATE REC'D BY LOCAL REGISTRAR: July 29, 1950

REGISTRAR'S SIGNATURE: E. Lee McElroy

24. FUNERAL DIRECTOR: ANDREW K. COFFMAN; ADDRESS: 40E. ANTIETAM ST. HAGERSTOWN, MD.

VS. A15

RECEIVED
AUG 2 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07530

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport; LENGTH OF STAY (in this place) 8 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 709 North Mulberry Street

3. NAME OF DECEASED (Type or Print): (First) Daniel; (Middle) Grover; (Last) Dutrow

4. DATE OF DEATH: (Month) July; (Day) 11; (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: 11-20-1885

9. AGE last birthday: 64 yrs. If under 1 year: Months 7; Days 21; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Delivered Milk

10b. KIND OF BUSINESS OR INDUSTRY: W.S. Martin Dairy

11. BIRTHPLACE (State or foreign country): Frederick County, Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Martin Dutrow

14. MOTHER'S MAIDEN NAME: Sarah J. Warrenfeltz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 213-01-2399

17. INFORMANT AND ADDRESS: Thurmond Dutrow

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broncho-pneumonia — Interval between onset and death: 30 hours

420.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d

(b) Arterio-sclerotic heart disease — 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Cerebral arterio sclerosis

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/14/50, 1950, to 7/11, 1950, that I last saw the deceased alive on 7/11, 1950, and that death occurred at 3:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Norment M.D. ADDRESS 119 6 Antietam St. Hagerstown Md DATE SIGNED 7/13/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 7-13-1950

NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: 7-13-50

REGISTRAR'S SIGNATURE: E. Lee McElroy

24. FUNERAL DIRECTOR ADDRESS: C.M. Suter & Sons, Hagerstown, Md.

4/2050

VS. A15

RECEIVED
JUL 18 1950
BUREAU P. S.

07531

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eastport
STREET ADDRESS (If rural, give location) 308 Riverview Ave.

3. NAME OF DECEASED (Type or Print) (First) Ann (Middle) Maria (Last) Fowler

4. DATE OF DEATH (Month) July (Day) 19 (Year) 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Dec. 7, 1881
9. AGE last birthday 68 yrs. If under 1 year Months — Days — If under 24 hrs. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Bowen
14. MOTHER'S MAIDEN NAME Agnes Buckler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk. (If yes, give war or dates of service) unk.
16. SOCIAL SECURITY NO. unk.
17. INFORMANT AND ADDRESS Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
420.0	Immediate cause	(a) Arterio-Sclerotic Heart Disease	?
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arterio-Sclerosis	?
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1948, to July 19, 1950, that I last saw the deceased alive on July 19, 1950, and that death occurred at 3:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Daniel Lai, M.D. ADDRESS Ritchie Hosp. Cascade, Md. DATE SIGNED 7/19/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July-21-1950
NAME OF CEMETERY OR CREMATORY Asbury Cemetery
LOCATION (City, town, or county) Calvert Co. (State) Maryland
DATE REC'D BY LOCAL REG. July-19-1950
REGISTRAR'S SIGNATURE Geo W Ferguson
24. FUNERAL DIRECTOR Robert A. Harkness ADDRESS Mutual — Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 21 1950
BUREAU T. P.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

07532

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 10 Hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 479 N. Potomac St.

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Mary (Last) Garling

4. DATE OF DEATH: (Month) July (Day) 7, (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7/6/50

9. AGE last birthday: yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min. 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Paul E. Garling

14. MOTHER'S MAIDEN NAME: Lucille D. Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Paul E. Garling Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity (28 wks)

761.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Marginal placenta praevia with partial

160c (c) premature separation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 July, 1950, to 7 July, 1950, that I last saw the deceased alive on 6 July, 1950, and that death occurred at 3.00A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) F F Lusby ADDRESS 230 W Potomac DATE SIGNED 7 July 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: July 8, 1950

NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.: July 8, 1950

REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR: Fred W. Kraiss ADDRESS: Hagerstown, Md.

2-0-7-06-0-24-2-28-0

RECEIVED
JUL 11 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07533

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place) Half hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL-Williamsport
STREET ADDRESS (If rural, give location) Williamsport RFD# 1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
David	William	Burwell Griffith	July	30,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	June 2,1913	37 yrs.	1	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Locomotive Operator	Potomac Edison Electric	Shepherdstown, West Vir.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George William Griffith	Rosa May Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No None	212-14-6676	George William Griffith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
8125 Immediate cause	(a) Compound Fracture of Skull	4 3 Months
1700 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Public Road	(CITY OR TOWN) 2½ miles East of Williamsport	(COUNTY) Md	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) July 30-50 9:15 PM	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR? Struck by passing automobile		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L. W. Leitch Jr.	Hagerstown Md	{Acting Coroner}	7/31/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 2, 1950	Greenlawn Cemetery	Williamsport, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
July 31, 1950	Chas. H. Bowers	Edith V. Leaf; Williamsport, Md.

VS. A15A

32247

RECEIVED
AUG 2 1960
BUREAU V. S

07534

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 3 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS W. Md. R. R. shop Academy Hill

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural, give location) 860 ½ Virginia Avenue

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) D. (Last) Hammaker
4. DATE OF DEATH (Month) July (Day) 10, (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb. 18, 1887
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carman
10b. KIND OF BUSINESS OR INDUSTRY Steam R. R.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME William F. Hammaker
14. MOTHER'S MAIDEN NAME Louise Albert
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT Dora Hammaker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Vascular Hypertension

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arterio sclerotic coronary heart disease

94a (c) acute coronary occlusion

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION No
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells MD, (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS 115 N. Potomac Hagerstown, Md. DATE SIGNED July 11 '50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 13, 1950
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) Hagerstown, (State) Md.
DATE REC'D BY LOCAL REG. July 11, 1950
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Fred W. Kraiss ADDRESS Hagerstown, Md.

26647

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 13 1950
BUREAU OF

07535

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport — LENGTH OF STAY (in this place) 60 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11 Fenton Avenue	STREET ADDRESS (If rural give location) 11 Fenton Avenue

3. NAME OF DECEASED (Type or Print)	(First) David	(Middle) Edward	(Last) Hawbecker	4. DATE OF DEATH	(Month) July	(Day) 21	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Sept. 25, 1878	9. AGE last birthday 71 yrs.	If under 1 year Months 9	Days 26	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Worked in Beam Shop	10b. KIND OF BUSINESS OR INDUSTRY Tannery	11. BIRTHPLACE (State or foreign country) Near Wilson, Maryland	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME John Hawbecker	14. MOTHER'S MAIDEN NAME Sarah VAndrew						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 215-09-7413	17. INFORMANT Mrs. David Hawbecker					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocarditis Chronic	3 mos.
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	3 years
93d	(c) Cerebral emboli	1 week

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19....., to July 21, 1950, that I last saw the deceased alive on July 20, 1950, and that death occurred at 8:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
I. M. Penninemay	M.D.	Williamsport Md	July 22, 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 7/23/50	NAME OF CEMETERY OR CREMATORY Riverview Cemetery	LOCATION (City, town, or county) (State) Williamsport, Maryland.
DATE REC'D BY LOCAL REG. 7/23/50	REGISTRAR'S SIGNATURE E Lee McElroy	24. FUNERAL DIRECTOR Edith V. Leaf ;	ADDRESS Williamsport, Maryland.

44620

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 26 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH DR. WELLS

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07536

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) 2 WEEKS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1317 VIRGINIA AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE ILLINOIS COUNTY COOK
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHICAGO
STREET ADDRESS (If rural, give location) 917 EAST 47th

3. NAME OF DECEASED (Type or Print) (First) CLARA (Middle) GUY (Last) HENDRIXSON

4. DATE OF DEATH (Month) JULY (Day) 15 (Year) 1950

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH NOV 7 1871

9. AGE last birthday 78 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY OWN HOME

11. BIRTHPLACE (State or foreign country) COLE CO. ILLINOIS

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ISAAC GUY

14. MOTHER'S MAIDEN NAME NO RECORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT DR. O. K. HOFFMAN, HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Arteriosclerotic coronary heart disease

932 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute coronary occlusion

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION NO

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) NO m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

S. Robert Wells, M.D. DEPUTY MEDICAL EXAM. WASH. CO., MD. 115 N. Potomac St. Hagerstown, Md. July 17 '50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 7/18/50 | NAME OF CEMETERY OR CREMATORY MT. VIEW CEMETERY | LOCATION (City, town, or county) (State) SHARPSBURG, WASH. CO. MD.

DATE REC'D BY LOCAL REG. July 18. 1950 | REGISTRAR'S SIGNATURE Chas H Bowers | 24. FUNERAL DIRECTOR ADDRESS ANDREW K. COFFMAN, HAGERSTOWN, MD.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M I T

VS. A15A

RECEIVED
JUL 20 1950
BUREAU V. S.

07537

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Appletown Rural
LENGTH OF STAY (in this place) 5 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boonsboro Route 2.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Appletown Rural
STREET ADDRESS (If rural, give location) Boonsboro Md. R. 2

3. NAME OF DECEASED (Type or Print) (First) Roy (Middle) Luther (Last) Hines

4. DATE OF DEATH (Month) July (Day) 30 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH July 30 1889

9. AGE last birthday 61-0-0 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter

10b. KIND OF BUSINESS OR INDUSTRY Moose Club

11. BIRTHPLACE (State or foreign country) near Keedysville Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Hines

14. MOTHER'S MAIDEN NAME Kate Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-09-9729

17. INFORMANT AND ADDRESS John H. Hines Boonsboro Md. R. 2.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary Thrombosis	6 more
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
		(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 2, 1950, to July 30, 1950, that I last saw the deceased alive on July 30, 1950, and that death occurred at 8.55 P. m., from the causes and on the date stated above.

SIGNATURE G W Levan (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 7/31/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Aug. 2. 1950

NAME OF CEMETERY OR CREMATORY Locust Grove Cemetery

LOCATION (City, town, or county) (State) Locust Grove. Wash. Co. Md.

DATE REC'D BY LOCAL REG. July. 31. 1950

REGISTRAR'S SIGNATURE John H. Bast

24. FUNERAL DIRECTOR Wm. F. Bast & Sons ADDRESS Boonsboro Md.

750 71

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 3 1950
BUREAU Y. S.

07538

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

Dr. Keadle

M

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 5 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 829 Chestnut Street

3. NAME OF DECEASED (Type or Print) (First) Eva (Middle) Marie (Last) Hurley
4. DATE OF DEATH (Month) July (Day) 6 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH Dec. 23 - 1906
9. AGE last birthday 43-6-13 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper
10b. KIND OF BUSINESS OR INDUSTRY Own Home.
11. BIRTHPLACE (State or foreign country) Reid Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Grover C. Hurley
14. MOTHER'S MAIDEN NAME Vada A. Stottlemyer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None.
17. INFORMANT AND ADDRESS Grover C. Hurley - Boonsboro Md. R. 2.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
171 x	Immediate cause	(a) Malnutrition	2 weeks
48a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carenoma, cervical with metastasis	2 months
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-3-50, 19....., to present, 19....., that I last saw the deceased alive on 7-5-50, 19....., and that death occurred at 1:20 A.m., from the causes and on the date stated above.

SIGNATURE Robert F. Keadle (Degree or title) MD
ADDRESS ROBERT F. KEADLE 132 W. WASHINGTON ST. HAGERSTOWN, MARYLAND
DATE SIGNED 7-6-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July. 9. 1950
NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery
LOCATION (City, town, or county) (State) Boonsboro Wash. Co. Md.
DATE REC'D BY LOCAL REG. July 7. 1950
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Wm. F. Bast & Sons ADDRESS Boonsboro Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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RECEIVED
JUL 10 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07539

306

Reg. Dist. No. 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade; LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott city
STREET ADDRESS (If rural, give location) St. John's Lane

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) Violetta (Last) Dolehart

4. DATE OF DEATH: (Month) July (Day) 17 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: July 18, 1869

9. AGE last birthday: 80 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Powers

14. MOTHER'S MAIDEN NAME: Powers, Florence Violetta.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 6 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c) Arteriosclerosis, general & mental deterioration — ~6 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Varicose ulcers, Fracture of R. wrist, ventral hernia

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 26, 1950, to July 17, 1950, that I last saw the deceased alive on July 17, 1950, and that death occurred at 12:15 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Arel A. Paar M.D. Ritchie State Hosp. Cascade Md July 17 1950

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 7-19-50

NAME OF CEMETERY OR CREMATORY Mt View

LOCATION (City, town, or county) (State) Alpha Howard County Md

DATE REC'D BY LOCAL REG. 7-19-50

REGISTRAR'S SIGNATURE John B. Laughman Jr.

24. FUNERAL DIRECTOR ADDRESS H. C. Higinbothom

Mrs. John R. Packard B. E. L.

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JUL 31 1990
BUREAU V.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

DR. YEAGER

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON CO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) 4 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 119 EAST LEE ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural, give location) 119 EAST LEE ST.

3. NAME OF DECEASED (Type or Print) (First) NORA (Middle) ELIZABETH (Last) JONES

4. DATE OF DEATH (Month) JULY (Day) 20 (Year) 1950

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW

8. DATE OF BIRTH SEPT. 23, 1883

9. AGE last birthday 66 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY OWN HOME

11. BIRTHPLACE (State or foreign country) HAGERSTOWN, WASH. CO. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JACOB THOMPSON

14. MOTHER'S MAIDEN NAME ANNIE STEVENS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) NO

16. SOCIAL SECURITY No. NONE

17. INFORMANT AND ADDRESS MRS. MARGARETTE JONES Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
442	Immediate cause	(a) Cardio-Renal Disease	1 yr +
	Antecedent cause(s)		
131a	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac Failure	7 days
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION no

19b. MAJOR FINDINGS OF OPERATION no

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) no (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) no m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? — — —

22. I hereby certify that I attended the deceased from July 14, 1950, to July 20, 1950, that I last saw the deceased alive on July 19, 1950, and that death occurred at 10:15 a. m., from the causes and on the date stated above.

SIGNATURE W Howard Yeager, M.D. (Degree or title) ADDRESS Hagerstown, Md. DATE SIGNED July 21, 1950

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE JULY 22 1950

NAME OF CEMETERY OR CREMATORY ROSE HILL CEMETERY

LOCATION (City, town, or county) HAGERSTOWN, WASH. CO. MD. (State)

DATE REC'D BY LOCAL REG. July 21, 1950

REGISTRAR'S SIGNATURE Chas H. Towers

24. FUNERAL DIRECTOR ANDREW K. COFFMAN ADDRESS Hagerstown Wash. Co. Md.

RECEIVED
JUL 24 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

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07541

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 2 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown (Halfway)
STREET ADDRESS (If rural give location) 2102 Virginia Avenue

3. NAME OF DECEASED (Type or Print) (First) Andrew (Middle) Edgar (Last) Kershner
4. DATE OF DEATH (Month) July (Day) 11, (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct. 18, 1865
9. AGE last birthday 84 yrs. If under 1 year Months 8 Days 23 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer-Owner
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Near Huyetts, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Van Lear Kershner
14. MOTHER'S MAIDEN NAME Mary Ringer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Mr. David Kershner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 2 hours.

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 11, 1950, to July 11, 1950, that I last saw the deceased alive on July 11, 1950, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS 148 W. Wash St. Hagerstown Md. DATE SIGNED 7-12-50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/14/50
NAME OF CEMETERY OR CREMATORY Rosehill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland
DATE REC'D BY LOCAL REG. July 12, 1950
REGISTRAR'S SIGNATURE Chas. H. Lowers
24. FUNERAL DIRECTOR Edith V. Leaf ADDRESS Williamsport, Md.

000VV

RECEIVED
JUL 14 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07542

CERTIFICATE OF DEATH

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade — LENGTH OF STAY (in this place) 2 mos. 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tuxedo
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Earl (Last) Leapley

4. DATE OF DEATH: (Month) July (Day) 20 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 14 1864

9. AGE last birthday: 86 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Leapley

14. MOTHER'S MAIDEN NAME: Margaret Eader

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Ritchie Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic Heart Disease	3 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, Generalized	5 yrs.
	(c)	

420.0
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Thrombosis, Bilateral — 5 yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 12, 1950, to July 20, 1950, that I last saw the deceased alive on July 20, 1950, and that death occurred at 10:05 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
William B. Birch M.D. Ritchie State Hosp: Cascade Md. July 20 1950

23. BURIAL, CREMATION REMOVAL (Specify) Interment | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. July 21 50 | REGISTRAR'S SIGNATURE Geo W. Ferguson | 24. FUNERAL DIRECTOR Francis Gasch | ADDRESS Hyattsville Md

000VV

RECEIVED
JUL 25 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07543

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (In this place) 2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maugansville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Unnamed child (Middle) of (Last) Menno Lehman

4. DATE OF DEATH: (Month) July (Day) 14 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 14, 1950

9. AGE last birthday: ____ yrs. If under 1 year: Months ____ Days ____ If under 24 hrs.: Hours 2 Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maugansville Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Menno Lehman

14. MOTHER'S MAIDEN NAME: Ester Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ----

17. INFORMANT AND ADDRESS: Mr. Menno Lehman Maugansville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral birth injury — Interval Between Onset and Death: 75 mins.

760.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

160 C

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 14, 1950, to July 14, 1950, that I last saw the deceased alive on July 14, 1950, and that death occurred at 11 a m. from the causes and on the date stated above.

SIGNATURE R. A. Bell (Degree or title) M. D. ADDRESS Hagerstown Md. DATE SIGNED July 14, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: July 14, 1950 | NAME OF CEMETERY OR CREMATORY: Marion Mennonite | LOCATION (City, town, or county) (State): Marion Pa.

DATE REC'D BY LOCAL REG.: July 14, 1950 | REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son | ADDRESS: Hag, Md.

2-0-7-14-0-39-5-40-V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 17 1960

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07544

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH
COUNTY: Washington
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Hagerstown
LENGTH OF STAY (in this place): 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Gateway Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md.
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Zuiney
STREET ADDRESS (If rural, give location): Waynesboro #1

3. NAME OF DECEASED (Type or Print): (First) Alberta (Middle) Marcella (Last) Loose

4. DATE OF DEATH: (Month) July (Day) 29, (Year) 1950

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: July 9 1880

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Harrisburg Pa

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: Geo. A. Loose

14. MOTHER'S MAIDEN NAME: Emma S. Althouse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: mr. A C. Westack, Zuiney Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of left Breast — Interval between onset and death: 2 mo

Antecedent cause(s)

170X

50

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1950, to July 29, 1950, that I last saw the deceased alive on July 29, 1950, and that death occurred at 4:10 p.m., from the causes and on the date stated above.

SIGNATURE: M. B. Brown (Degree or title): M.D. ADDRESS: Waynesboro Pa. DATE SIGNED: 7-29-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 8/1/50 — NAME OF CEMETERY OR CREMATORY: Zuiney Pa. — LOCATION (City, town, or county) (State): Zuiney Pa.

DATE REC'D BY LOCAL REG.: July 31-50 — REGISTRAR'S SIGNATURE: Geo W Ferguson

24. FUNERAL DIRECTOR ADDRESS: Walter G Grove, Waynesboro Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 4 1950
BUREAU V. S

Dr. Linderman

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07545

CERTIFICATE OF DEATH

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place) 71 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen Mar, Pa.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) Pen Mar, Pa.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Bertha	May	Lund	July	30	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Married	9/12/1878	71 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Josiah Eakle
14. MOTHER'S MAIDEN NAME: Mary Stickell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs Grace Burgess Pen Mar Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Congestive Heart Failure — Interval Between Onset and Death: 10 yrs.

443X Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-6-46, 19..., to 7-30, 50, that I last saw the deceased alive on 7-30, 50, and that death occurred at 1 AM. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C W Linderman	M.D	Waynesboro Pa	7-31-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8/1/50	Rose Hill Cemetery	Hagerstown	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 31-50	Geo M. Ferguson	Walter G Stone	27 Church St. Waynesboro, Pa

RECEIVED
AUG 4 1950
BUREAU T. S

07546

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3029

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 40 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 426 Salem Avenue

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Oscar (Last) Martin

4. DATE OF DEATH (Month) July (Day) 18 (Year) 50

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Mar. 19-1887

9. AGE last birthday 63 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter - self employed

10b. KIND OF BUSINESS OR INDUSTRY Painting

11. BIRTHPLACE (State or foreign country) Brownsville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Martin

14. MOTHER'S MAIDEN NAME Anna Catherine Fouche

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. Myrtle V. Martin- 426 Salem Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Chronic Myocardeles

932 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Thrombosis

(c)

INTERVAL BETWEEN ONSET AND DEATH 6 Mo.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arterio Sclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20, 19 50 to July 18, 19 50, that I last saw the deceased alive on July 18, 19 50, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

SIGNATURE: J. H. Beachy M.D. (Degree or title) ADDRESS Hagerstown, Md. DATE SIGNED July 18, 1950

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF July 21-50

NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REG. July 18, 1950

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Fred W. Kraiss- Hagerstown, Md. ADDRESS

3409

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JUL 20 1950
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

07547

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lena Rural — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boonsboro Md. R.2.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lena - Rural
STREET ADDRESS (If rural, give location) Boonsboro Md. R. 2.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
George	Washington	Marty	July	21	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	January 27 1893	57-5-24 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer - Truck repairman	P. E. Co.	Beaver Creek Wash. Co. Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lewis Marty	Amanda Fockler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No.	217-10-9434	Edward Marty Boonsboro Md. R.2.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
976X **Immediate cause**	(a) Shot gun bullet wound	
164c **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chest and abdomen	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. No

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
No		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Boonsboro RFD 2	Wash.	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
July 21 '50 12 noon p.m.		Shot self with shot gun

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. Robert Wells M.D.	DEPUTY MEDICAL EXAM. WASH. CO., MD.	Hagerstown, Md	July 22 '50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Buried	July 23, 1950	Mt. Lena Cemetery	Mt. Lena, Wash. Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 23, 1950	John H. Bast	Wm. J. Bast & Sons	Boonsboro Md

98847

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JUL 25 1950
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07548

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6 Lincoln St.,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 6 Lincoln St.,

3. NAME OF DECEASED (Type or Print): (First) Edna (Middle) May (Last) Mason
4. DATE OF DEATH (Month) July (Day) 18, (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 15, 1897
9. AGE last birthday: 53 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home duties
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward Hammers la
14. MOTHER'S MAIDEN NAME: Nina Moats

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Charles E. Mason, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Bronchiectasis	15 yrs.
526 x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 95 c (b)		
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr. Hypertrophy of Heart — 2 yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1950, to July 18, 1950, that I last saw the deceased alive on July 18, 1950, and that death occurred at 3:16 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Robert P. Conrad, MD | Hagerstown, Md | 7-19-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: July 21, 1950 | NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery | LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: July 19, 1950 | REGISTRAR'S SIGNATURE: Chas H Bowers | 24. FUNERAL DIRECTOR: Fred W. Kraiss, Hagerstown, Md. | ADDRESS

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JUL 21 1950
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07549

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md. | LENGTH OF STAY (In this place) 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport Md. RFD #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md Rural
STREET ADDRESS (If rural give location) R. F. D. #1

3. NAME OF DECEASED (Type or Print): (First) Fannie Isabelle (Middle) (Last) Mason
4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Widowed	Nov 12 1874	75 yrs.	7	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Dayton Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaiah Kees
14. MOTHER'S MAIDEN NAME: Lucy Rainey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT: Mrs. Paul Gigeous

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocarditis Chronic — 4 years
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 4 years.
93d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19..., to July 10, 1950, that I last saw the deceased alive on July 10, 1950, and that death occurred at 8-30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
M.D. Williamsport Md. Md.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 13 1950	Greenlawn Cemetery	Williamsport Md.

DATE REC'D BY LOCAL REG. July 13-1950 — REGISTRAR'S SIGNATURE E. Lee McElroy
24. FUNERAL DIRECTOR ADDRESS: Albert L. Leaf Williamsport Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUL 1[illegible] 1950
BUREAU [illegible]

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07550

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (in this place) 5 mo 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1433 Myrtle Ave

3. NAME OF DECEASED (Type or Print) (First) David (Middle) (Last) McKenney
4. DATE OF DEATH (Month) July (Day) 18 (Year) 1950
5. SEX male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 3/31/1893
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer-Porter
10b. KIND OF BUSINESS OR INDUSTRY Railway Station
11. BIRTHPLACE (State or foreign country) Lancaster, S.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME David McKenney
14. MOTHER'S MAIDEN NAME Clinton, Angelina
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Hospital Record.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Arteriosclerotic cardiovascular disease ~2.5 ys.

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Arteriosclerosis, general ~2.5 ys.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. a) Senile dementia, b) Ext. hemorrhoids

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 25, 1950, to July 18, 1950, that I last saw the deceased alive on July 18, 1950, and that death occurred at 3:30 A.m., from the causes and on the date stated above.

SIGNATURE Axel A. Paas (Degree or title) M.D. ADDRESS Ritchie State Hosp., Cascade, Md. DATE SIGNED 7/18/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/21/50
NAME OF CEMETERY OR CREMATORY Arbutus Mem Park
LOCATION (City, town, or county) Balto Co Md (State)
DATE REC'D BY LOCAL REG. 7/18/50
REGISTRAR'S SIGNATURE John B. Cashman
24. FUNERAL DIRECTOR Frances A Hensley 578 W Biddle St ADDRESS
Dep Local Registrar 75047 Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

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JUL 21 1950
BUREAU V. S.

Evidence for addition of # 7,8,9,10,11,13,14 as shown on:

FILM No. G 1 28 OCT 23 1950

07551

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Smithsburg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Robert (Last) McWilliams
4. DATE OF DEATH (Month) July (Day) 10 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jan. 7, 1924
9. AGE last birthday 26 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Michigan
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Everett McWilliams
14. MOTHER'S MAIDEN NAME Mabel B. Booth
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

866.8 Immediate cause (a) Burns to entire body (charring); multiple fractures.

173 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION No
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Foot South 2 miles east Mountain (CITY OR TOWN) Smithsburg (COUNTY) Wash. (STATE) Md.
TIME OF INJURY (Month) July (Day) 10 (Year) 50 (Hour) 1 A m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Plane crashed into side mountian

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells, M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS 115 N. Potomac St. Hagestown, Md. DATE SIGNED 7-11-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 7/11/50
NAME OF CEMETERY OR CREMATORY Detroit Cemetery
LOCATION (City, town, or county) Detroit Wayne (State) Mich
DATE REC'D BY LOCAL REG. July 11 1950
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR C M Suter & Sons ADDRESS Hagerstown Md

Mr. Geo W. Ferguson

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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JUL 13 1950
BUREAU V. S.

07552

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 301

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.
LENGTH OF STAY (In this place) 64 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 122 Artizan Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
STREET ADDRESS (If rural, give location) 122 N Artizan Street

3. NAME OF DECEASED (Type or Print): (First) Roscoe (Middle) G (Last) Middlekauff

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Jan. 26 1885

9. AGE last birthday: 65 yrs.
If under 1 year: Months 5; Days 17; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Owner Store

10b. KIND OF BUSINESS OR INDUSTRY: Meats-Groceries

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Levy Middlekauff

14. MOTHER'S MAIDEN NAME: Sallie Ash Grove

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 212-24-5216

17. INFORMANT: Mrs. Evalene Taylor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
976x	Immediate cause	(a) Gun shot Thru & thru skull	
164c	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) 38 Revolver	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cancer of scalp

19a. DATE OF OPERATION: No

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home (CITY OR TOWN) Williamsport (COUNTY) Washn. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 7-13-50 5 p m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Shot self with revolver

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE: S. Robert Wells M.D.
(Degree or title): DEPUTY MEDICAL EXAM. WASH. CO. MD.
ADDRESS: Hagerstown Md.
DATE SIGNED: July 14 '50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: July 16 1950
NAME OF CEMETERY OR CREMATORY: Riverview Cemetery
LOCATION (City, town, or county) (State): Williamsport Md.

DATE REC'D BY LOCAL REG.: July 16 1950
REGISTRAR'S SIGNATURE: E Lee McElroy

24. FUNERAL DIRECTOR: Albert L. Leaf
ADDRESS: Williamsport Md.

15661

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JUL 19 1950
BUREAU V. S.

07553

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 307

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Locust Grove Rural — LENGTH OF STAY (in this place) Life. — MARYLAND — HOSPITAL OR INSTITUTION OR STREET ADDRESS Keedysville Md. R.1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Locust Grove Rural. — STREET ADDRESS (If rural, give location) Keedysville Md. R.1

3. NAME OF DECEASED (Type or Print): (First) Ada (Middle) May (Last) Miller

4. DATE OF DEATH: (Month) July (Day) 22. (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: January 4. 1871

9. AGE last birthday: 79-6-18 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home.

11. BIRTHPLACE (State or foreign country): Locust Grove Wash. Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joshua Slifer.

14. MOTHER'S MAIDEN NAME: Eliza Haynes.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None.

17. INFORMANT AND ADDRESS: David J. Miller, Keedysville Md. R.1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic myocarditis with

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerotic

93d (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

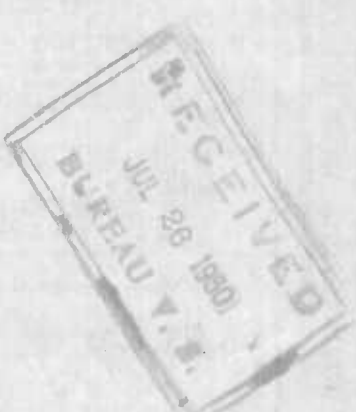
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 11, 1950, to July 22, 1950, that I last saw the deceased alive on July 22, 1950, and that death occurred at 12.50 P. m. from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS Boonsboro — DATE SIGNED 7/24/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF July 25 1950 — NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery — LOCATION (City, town, or county) (State) Boonsboro Wash. Co. Md.

DATE REC'D BY LOCAL REG. July 24-1950 — REGISTRAR'S SIGNATURE Mrs. Fostine Sagenbach — 24. FUNERAL DIRECTOR Wm. D. Bast & Sons — ADDRESS Boonsboro Md.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JUL 28 1980
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MARYLAND STATE DEPARTMENT OF HEALTH

07554

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 324

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Hancock
LENGTH OF STAY (in this place) 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. # 2

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Hancock
STREET ADDRESS (If rural, give location) 5mi. East of Hancock on Route 40

3. NAME OF DECEASED (Type or Print): (First) Cleveland (Middle) Denton (Last) Miller

4. DATE OF DEATH: (Month) July (Day) 25 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 2, 1884

9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Refrigerating Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Celanese Corp.

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Miller

14. MOTHER'S MAIDEN NAME: Ann Celeste Slifer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Virginia Shaffer - daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death:

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular Disease

(c)

4201 93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 2, 19~~49~~, to July 25, 1950, that I last saw the deceased alive on July 25, 1950, and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J.M. Shaffer M.D. — ADDRESS Hancock Md — DATE SIGNED 7/26/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 7-28-50 — NAME OF CEMETERY OR CREMATORY: Presbyterian Cemetery — LOCATION (City, town, or county) Hancock — (State) Md.

DATE REC'D BY LOCAL REG. 7/27/50 — REGISTRAR'S SIGNATURE J. A. Helles

24. FUNERAL DIRECTOR — ADDRESS: Charles R. Bast, Hancock, Md.

3516

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JUL 31 1990
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07555

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 821 Pine Street

3. NAME OF DECEASED (Type or Print): (First) David (Middle) P. (Last) Miller, Sr.

4. DATE OF DEATH: (Month) July (Day) 5 (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 4-5-1893

9. AGE last birthday: 57 yrs. If under 1 year: Months 3; Days 0; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocery Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Miller Mt. Mkt.

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: David A. Miller

14. MOTHER'S MAIDEN NAME: Fannie Watson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-09-7727

17. INFORMANT AND ADDRESS: Mrs. David Miller, Sr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction — Interval Between Onset and Death: 3 wks

585X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a (b) Cholecystitis — 4 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1-50, 19..., to 7-5-50, 19..., that I last saw the deceased alive on 7-5-50, 19..., and that death occurred at 11:11 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Earl Young M.D. ADDRESS Hagerstown, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 7-8-1950

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REG. July 8, 1950

REGISTRAR'S SIGNATURE Elliott Bowers

24. FUNERAL DIRECTOR ADDRESS C.M. Suter & Sons, Hagerstown, Md.

#3261

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07556

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 15 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 235 Summit Avenue	STREET ADDRESS (If rural, give location) 235 Summit Avenue

3. NAME OF DECEASED (Type or Print)	(First) James	(Middle) Charles	(Last) Moore	4. DATE OF DEATH	(Month) July (Day) 29, (Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Aug. 28, 1890	9. AGE last birthday 59 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building Painter	10b. KIND OF BUSINESS OR INDUSTRY Own Business	11. BIRTHPLACE (State or foreign country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Charles Moore	14. MOTHER'S MAIDEN NAME unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 188-10-0138	17. INFORMANT AND ADDRESS Mrs. J. C. Moore Hagerstown, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
447 x Immediate cause	(a) Myocarditis following Coronary Thrombosis c̄ Cardiac Decompensation	6 mo
131 b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension, Arteriosclerosis	6 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nephritis Chronic — 6 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 July, 1947, to 29 July, 1950, that I last saw the deceased alive on 28 July, 1950, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E. A. Coachlander	M.D.	Hagerstown Md	7/29/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 7/31/50	NAME OF CEMETERY OR CREMATORY Norland Cemetery	LOCATION (City, town, or county) (State) Chambersburg, Penna.
DATE REC'D BY LOCAL REG. July 31, 1950	REGISTRAR'S SIGNATURE Chas H Bowers	24. FUNERAL DIRECTOR Fred W. Kraiss	ADDRESS Hagerstown, Md.

340 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

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BUREAU V. S

07557

Dr. Leslan

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Boonsboro — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 111 Potomac St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Boonsboro
STREET ADDRESS (If rural, give location): 111 Potomac St.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Indiana (Last) Morgan
4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct. 14 - 1886
9. AGE last birthday: 63-9-12 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Boonsboro Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William E. Knode
14. MOTHER'S MAIDEN NAME: Georgeanna Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None.
17. INFORMANT AND ADDRESS: Oscar J. Morgan Boonsboro Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4/2x Immediate cause (a) Hypertensive cardio renal — 10 yrs.

13/a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) vascular disease.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1947, to July 26, 1950, that I last saw the deceased alive on July 26, 1950, and that death occurred at 2 - P - m., from the causes and on the date stated above.

SIGNATURE: G W Leslan (Degree or title) M. D. — ADDRESS: Boonsboro — DATE SIGNED: 7/27/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial. — DATE THEREOF: July 29, 1950 — NAME OF CEMETERY OR CREMATORY: Boonsboro Cemetery — LOCATION (City, town, or county) (State): Boonsboro Wash. Co. Md.
DATE REC'D BY LOCAL REG.: July 29, 50 — REGISTRAR'S SIGNATURE: John H. Bast
24. FUNERAL DIRECTOR: Wm. F. Bast & Sons — ADDRESS: Boonsboro Md.

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 1 1950

MARYLAND STATE DEPARTMENT OF HEALTH

07558

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH — COUNTY: Washington — STATE: MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Near Hagerstown Rt. 5 — LENGTH OF STAY (In this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Leitersburg Pike

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYland — COUNTY: Wash.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: R. F. D. #5

STREET ADDRESS (If rural, give location): No street address

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Frederick	A.	Mullenix	July	3	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	2-28-1924	26 yrs.	4	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Barber	Mullenix Tavern	Hagerstown, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Mullenix	Mary E. Delauder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		217-12-2515	Frank Mullenix

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Fractured skull	
816.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple fractures of extremities	
170C (c) Hemorrhage & shock	

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Spinal fluid for alcohol=

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	---	Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Highway	Leitersburg Pike	Wash.	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)		INJURY OCCURRED While at work ☐	Not while at work ☑	HOW DID INJURY OCCUR?
July	3	50	11:30	P. m.			trailer Car collided headon with tractor

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. Robert Nelly M.D.	DEPUTY MEDICAL EXAM. WASH. CO., MD.	115 N. Potomac St. Hagerstown, Md.	7-6-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	7-6-50	Rose Hill Cemetery	Hagerstown, Md.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 6. 1950	Chas. H. Bowers	C. N. Suter & Sons	Hagerstown, Md.

7/6/71

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07559

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH — COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Smithsburg — LENGTH OF STAY (in this place) 19 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Md. — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) Smithsburg Md. #2

3. NAME OF DECEASED (Type or Print) (First) Nora (Middle) E. (Last) Needy
4. DATE OF DEATH (Month) (Day) (Year) July 28, 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH March 5, 1890
9. AGE last birthday 60 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Waynesboro, Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Harvey C. Scott
14. MOTHER'S MAIDEN NAME Effie Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS mr. Crawford Needy, Waynesboro Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Starvation and Debility (generalized)	6 mo.
151X Antecedent cause(s)	(b) Gastrectomy, Spleenectomy,	9 mo.
46 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Carcinoma Stomach with generalized metastices	1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 15 Oct. 1949
19b. MAJOR FINDINGS OF OPERATION Cancer of Stomach with metastatic carcinomatosis
20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Dec, 1949, to 28 July, 1950, that I last saw the deceased alive on 27 July, 1950, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

SIGNATURE Gordon E Hanna (Degree or title) M D — ADDRESS Waynesboro, Pa. — DATE SIGNED 29 July 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 7/31/50 — NAME OF CEMETERY OR CREMATORY Green Hill — LOCATION (City, town, or county) (State) Waynesboro, Franklin Pa
DATE REC'D BY LOCAL REG. July 31-50 — REGISTRAR'S SIGNATURE Geo. W. Ferguson — 24. FUNERAL DIRECTOR Walter Y. Grove, Waynesboro Pa — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A16

I

RECEIVED
AUG 4 1950
BUREAU F. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A

T

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07560

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Hagerstown
LENGTH OF STAY (in this place) 32 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS North American Cement Corp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural, give location) 39 Elizabeth St.

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) William (Last) Owens Sr.
4. DATE OF DEATH (Month) July (Day) 11 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 29, 1885
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Cement
11. BIRTHPLACE (State or foreign country) Bunker Hill W. Va.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME James Owens
14. MOTHER'S MAIDEN NAME Alice J. Hardy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 213-10-6878
17. INFORMANT Mrs. Elizabeth D. Owens.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Acute coronary occlusion

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION NO
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells MD (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS 115 N. Potomac Hagerstown. Md. DATE SIGNED 7/12/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 14, 1950
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown (State) Md.
DATE REC'D BY LOCAL REG. July 14 1950
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

98860

RECEIVED
JUL 17 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07561

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 8 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) O. (Last) Palmer

4. DATE OF DEATH: (Month) 7 (Day) 16 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower

8. DATE OF BIRTH: 9-12-1874

9. AGE last birthday: 75 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): factory laborer

10b. KIND OF BUSINESS OR INDUSTRY: Creamery

11. BIRTHPLACE (State or foreign country): Middletown Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: Mary Magdalene Palmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-14-7156

17. INFORMANT AND ADDRESS: Edwin Palmer, Sharpsburg

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

5615 Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 2 hours

122a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Strangulated Hernia operation — 10 days

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION: 7-9-50

19b. MAJOR FINDINGS OF OPERATION: Strangulated hernia

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/9/50, to 7/16/50, that I last saw the deceased alive on 7/16/50, and that death occurred at 9:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J R Dwyer MD Hagerstown Md 7/17/50

23. BURIAL, CREMATION REMOVAL, (Specify): Burial — DATE THEREOF: 7-19-1950 — NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery — LOCATION (City, town, or county) (State): Middletown, Md.

DATE REC'D BY LOCAL REG.: July 18, 1950 — REGISTRAR'S SIGNATURE: Clay H. Bowers — 24. FUNERAL DIRECTOR — ADDRESS: Gladhill Co., Middletown, Md

49660

RECEIVED
JUL 20 1950
BUREAU Y. P.

Dr. N.T.

M

07562

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 491 Mitchell Ave

3. NAME OF DECEASED (Type or Print) (First) Rebecca (Middle) Bell (Last) Pearl

4. DATE OF DEATH (Month) July (Day) 10th (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 11/6/92
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Fulton Co. Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Cristopher Dishong
14. MOTHER'S MAIDEN NAME Matilda Bishop

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS George C. Pearl 491 Mitchell Ave Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
	Immediate cause	(a) Undetermined	
903.0	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes Mellitus	10 years
186.0		(c) Supra-condylar fracture right Femur	14 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dilatation of the Stomach — 5 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Hagerstown (COUNTY) Washington (STATE) Md.
TIME OF INJURY (Month) June (Day) 27 (Year) 1950 (Hour) 8:30 p.m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Patient fell on amputation stump of right leg

22. I hereby certify that I attended the deceased from June 27, 1950, to July 10, 1950, that I last saw the deceased alive on July 9, 1950, and that death occurred at 7:50 P.M., from the causes and on the date stated above.

SIGNATURE W. T. Layman, M.D. (Degree or title) ADDRESS Hagerstown, Md DATE SIGNED July 12, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/12/50
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) Hagerstown (State) Md

DATE REC'D BY LOCAL REG. July 15, 1950
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Rest Haven Funeral Chapel Inc. ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JUL 18 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07563

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa COUNTY Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Greencastle
STREET ADDRESS (If rural, give location) Greencastle RD 2

3. NAME OF DECEASED (Type or Print) (First) GLORIA (Middle) JEAN (Last) PECK
4. DATE OF DEATH (Month) July (Day) 26 (Year) 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH July 24/50
9. AGE last birthday yrs. If under 1 year: Months. Days 2 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Hagerstown md.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME James Peck
14. MOTHER'S MAIDEN NAME Rosemary Gerling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS James Peck Greencastle RD 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity

776 X Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 24, 1950, to July 26, 1950, that I last saw the deceased alive on July 26, 1950, and that death occurred at 1:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wm Stromberg M.D. Wash. County Hosp. Hagerstown Md

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE July 27/50
NAME OF CEMETERY OR CREMATORY Brown's Mill
LOCATION (City, town, or county) (State) Kauffman Station Pa

DATE REC'D BY LOCAL REG. July 26. 1950
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR A.E. Minnich ADDRESS Greencastle Pa

2-0-7-24-0-19-1-33-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 28 1950
BUREAU V. S.

07564

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY: WASHINGTON MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: MARYLAND COUNTY: WASH.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN — LENGTH OF STAY (in this place): 3 WEEKS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BIG POOL,
HOSPITAL OR INSTITUTION OR STREET ADDRESS: WASHINGTON CO. HOSPITAL	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) ALEXANDER (Middle) BLAIR (Last) PERROTT

4. DATE OF DEATH: (Month) JULY (Day) 19, (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
MALE	WHITE	MARRIED	OCT. 8, 1871	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
TENANT FARMER	FARMING	FRANKLIN CO. PA.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ALEXANDER PERROTT	SUSANNA BLAIR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
unknown	NONE	ELVA V. PERROTT BIG POOL, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH.
Immediate cause	(a) Cardiac dilatation, acute	3 hours
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary occlusion, with myocardial infarction	5 years
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cerebral embolus, with hemiplegia	3 weeks

420.1

94a

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 29, 1939, to July 19, 1950, that I last saw the deceased alive on July 19, 1950, and that death occurred at 10 P. M. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Austin Robert Cohen	M D	Clear Spring, Maryland	July 20, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	JULY 22, 1950	BROADFORDING CEMETERY	WASHINGTON CO. MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 21, 1950	Chas H Hoover	ADRIAN H. ROWLAND	CLEAR SPRING, MD.

000W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 24 1950

MARYLAND STATE DEPARTMENT OF HEALTH

07565

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Clear Spring; LENGTH OF STAY (In this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 40 W

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Clear Spring Md.
STREET ADDRESS (If rural, give location) Route 40 W

3. NAME OF DECEASED (Type or Print): (First) Ed ward (Middle) Harry (Last) Rau

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 28-1882

9. AGE last birthday: 67 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Pharmacist

10b. KIND OF BUSINESS OR INDUSTRY: Drug Store

11. BIRTHPLACE (State or foreign country): W. Va.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Rudolph Rau

14. MOTHER'S MAIDEN NAME: Amelia Mylius

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: Mrs. Edith E. Rau

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Vascular Hypertension	7
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	arterio sclerotic coronary heart disease	7 mos.
(c)	Coronary occlusion	
	Acute Ventricular fibrillation	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: S. Robert Wells (Degree or title) M.D., DEPUTY MEDICAL EXAM. WASH. CO. ADDRESS Hagerstown Md. DATE SIGNED July 7 '50

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF July 10-50; NAME OF CEMETERY OR CREMATORY Greenwood; LOCATION (City, town, or county) (State) Wheeling, W Va.

DATE REC'D BY LOCAL REG. July 7/1950; REGISTRAR'S SIGNATURE J. W. Murray

24. FUNERAL DIRECTOR: Adrian H. Rowland ADDRESS

V3070

VS. A15A

RECEIVED
JUL 10 1950
BUREAU V. S.

Evidence for addition of #7,8,9,10,11, 13, 14 as shown on:

FILM No. G 1 28 OCT 23 1950

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07566

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH — COUNTY: Washington — STATE: MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Smithsburg

LENGTH OF STAY (In this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:

STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) C. (Last) Richards

4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 11, 1923

9. AGE last birthday: 27 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postal Employee

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Michigan

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Charles A. Richards

14. MOTHER'S MAIDEN NAME: Frances J. Partelow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Burns to entire body (charring); multiple fractures. — 868

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) — 173

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: South Mountain — (CITY OR TOWN): 2 miles east Smithsburg — (COUNTY): Wash. — (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): July 10 50 1 A.m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?: Plane crashed into side mountain

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: S. Robert Wells, M.D. — (Degree or title): DEPUTY MEDICAL EXAM. WASH. CO., MD. — ADDRESS: 115 N. Potomac St. Hagerstown, Md. — DATE SIGNED: 7-11-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 7/11/50 — NAME OF CEMETERY OR CREMATORY: Detroit Cemetery — LOCATION (City, town, or county) (State): Detroit Wayne Mich

DATE REC'D BY LOCAL REG.: July 11 1950 — REGISTRAR'S SIGNATURE: Mrs. Geo. W. Ferguson

24. FUNERAL DIRECTOR: C. M. Mutert & Sons — ADDRESS: Hagerstown Md

49695

RECEIVED
JUL 13 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07567

CERTIFICATE OF DEATH

Reg. Dist. No. 30/

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport Sanitarium 154 North Artizan St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
STREET ADDRESS (If rural give location) 25 N. Conococheague St.

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) M (Last) Richardson
4. DATE OF DEATH: (Month) July (Day) 7 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: March 1, 1880
9. AGE last birthday: 70 yrs. If under 1 year: Months 4 Days 6 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Williamsport, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Goddard
14. MOTHER'S MAIDEN NAME: Sallie Wareham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr. George Koons

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Sclerosis

334 X 97 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) generalized arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/3, 1950, to 7/7, 1950, that I last saw the deceased alive on 7/7, 1950, and that death occurred at 11:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H. F. Porterfield M.D. 136 W Washington St 7/8/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 7/11/50 | NAME OF CEMETERY OR CREMATORY Rosehill Cemetery | LOCATION (City, town, or county) (State) Hagerstown, Maryland.

DATE REC'D BY LOCAL REG. 7/11/50 | REGISTRAR'S SIGNATURE E Lee McElroy | 24. FUNERAL DIRECTOR ADDRESS Edith V. Leaf ; Williamsport, Md.

VS. A15

RECEIVED
JUL 14 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH Dr. beachley 07568

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 4 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 138 No. Mulberry St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 138 No. Mulberry St

3. NAME OF DECEASED (Type or Print) (First) EFFIE (Middle) BOWARD (Last) RIDER

4. DATE OF DEATH (Month) July (Day) 24 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH July 20 1871
9. AGE last birthday 79 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Hagerstown Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edward Boward
14. MOTHER'S MAIDEN NAME Sarah E. Stouffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) --
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs Ruth E. Sheeler 645 Highland Way Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 6 Mos

260X Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus — 1 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Arteriosclerosis — 10 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1950 to July 24th, 1950, that I last saw the deceased alive on July 24th 50, 1950, and that death occurred at 8 11 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. H. Beachley M.D. ADDRESS Hagerstown, Md. DATE SIGNED 7/22/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 7/27/50
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown Wash. Co. Md (State)

DATE REC'D BY LOCAL REG. July 24, 1950
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 28 1933
BUREAU OF S.

07569

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Northern Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 1231 Salem Ave.

3. NAME OF DECEASED (Type or Print): (First) LAUREN (Middle) MELVIN (Last) RIDGE
4. DATE OF DEATH: (Month) July (Day) 14 (Year) 1950
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 25 1921
9. AGE last birthday: 28 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): state trooper
10b. KIND OF BUSINESS OR INDUSTRY: Md. State Police
11. BIRTHPLACE (State or foreign country): Edgemont Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: Melvin G. Ridge
14. MOTHER'S MAIDEN NAME: Mae Ann Funk
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW2
16. SOCIAL SECURITY NO.: 213-16-1948
17. INFORMANT: Mrs. Alice Ridge; Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

984x Immediate cause (a) Gunshots ~~wound~~ through chest and abdomen — 20 min.
Hemorrhage and shock

184 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: — —
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Northern Ave. (CITY OR TOWN): Hagerstown (COUNTY): Wash. (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): July 14 1950 11:45 a.m.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR?: Shot in line of duty

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

SIGNATURE: J. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAMINER WASH. CO., MD. ADDRESS: 115 N. Potomac St. Hagerstown, Md. DATE SIGNED: 7/5/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7/17/50
NAME OF CEMETERY OR CREMATORY: Harbaugh Cemetery
LOCATION (City, town, or county) (State): Rouzerville, Franklin Co. Penna.

DATE REC'D BY LOCAL REG.: July 17, 1950
REGISTRAR'S SIGNATURE: Elsie H. Bowers
24. FUNERAL DIRECTOR: Andrew K. Coffman
ADDRESS: Hagerstown Md.

60498

RECEIVED
JUL 19 1950
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07570

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 21 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 25 Laurel St.

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) Stansmore (Last) Rodgers

4. DATE OF DEATH: (Month) July (Day) 7 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Mar. 7, 1882

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tool Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Landis Tool

11. BIRTHPLACE (State or foreign country): Cambridge Mass.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Rodgers

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 173-03-0286

17. INFORMANT AND ADDRESS: Mrs. Catherine D. Rodgers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Edema	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis c	indef
	(c) Left bundle branch block	18 mo

433.0
95a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-26-49, to Present, 19....., that I last saw the deceased alive on 7-7-50, 19....., and that death occurred at 12 Noon m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert T. Caddle 132 W. Washington St. 7-8-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 10, 1950
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REG. July 10, 1950
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR ADDRESS
Scott F. Minnich & Son Hag. Md.

33633

RECEIVED
JUL 18 1980
BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Dr. Wells 17571

Reg. Dist. No. 302-305

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown 1; LENGTH OF STAY (in this place) 4 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Etna Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown R. R. # 1; STREET ADDRESS (If rural, give location) Mt. Etna Rd.

3. NAME OF DECEASED (Type or Print): (First) MAX (Middle) RINEHART (Last) ROHRER Jr.

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 13 1920

9. AGE last birthday: 29 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physically Handicapped

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Hagerstown Wash. CO. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Max R. Rohrer Sr.

14. MOTHER'S MAIDEN NAME: Mary Johnston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) NO

16. SOCIAL SECURITY No. NONE

17. INFORMANT AND ADDRESS: Max R. Rohrer Hagerstown R #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

576 x

Immediate cause (a) Acute peritonitis (Cause unknown) — Interval Between Onset and Death: 24 hrs.

Antecedent cause(s)

129

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 11 A about m., from the causes and on the date stated above.

SIGNATURE A. Robert Wells M.D., (Degree or title) DEPUTY MEDICAL EXAM WASH. CO., MD.

ADDRESS 115 N. Potomac St. Hagerstown, Md.

DATE SIGNED 7-24-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE 7/24/1950

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) Hagerstown (State) Maryland

DATE REC'D BY LOCAL REG. July 24.1950

REGISTRAR'S SIGNATURE John H. Bart

24. FUNERAL DIRECTOR Andrew K. Coffman

ADDRESS Hagerstown Md.

RECEIVED
JUL 31 1950
BUREAU P. A.

MARYLAND STATE DEPARTMENT OF HEALTH Dr wells 07572

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 57 Harmans Alley

3. NAME OF DECEASED (Type or Print) (First) DANIEL (Middle) EDWARD (Last) ROWE Jr
4. DATE OF DEATH (Month) July (Day) 30 (Year) 1950 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug 23 1931
9. AGE last birthday 18 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Junk Business
11. BIRTHPLACE (State or foreign country) Pa Waynesboro Franklin Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Daniel E. Rowe Sr.
14. MOTHER'S MAIDEN NAME Edna I. Lowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) --
16. SOCIAL SECURITY No. 214-28-5319
17. INFORMANT Morris W Wallech 57 Harmans Alley Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a)
929.9 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Suffocation by drowning
183
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) Antietam Creek Near (COUNTY) Needysville (STATE) Md.
TIME OF INJURY (Month) 7 (Day) 30 (Year) 50 (Hour) 7 m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? drowned while swimming

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells MD, (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS Hagerstown, Md. DATE SIGNED July 31 '50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 3, 1950
NAME OF CEMETERY OR CREMATORY Lutheran cemetery
LOCATION (City, town, or county) Leitersburg Wash. Co. (State) Md

DATE REC'D BY LOCAL REG. Aug. 1. 1950
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md.

98860

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 4 1950
BUREAU, Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. Hoaklander

07573

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Washington
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 60 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 409 Liberty St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 409 Liberty St

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) LUTHER (Last) SEMLER

4. DATE OF DEATH: (Month) July (Day) 23 (Year) 19 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: July 23 1868

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cabinet Maker

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Hagerstown Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Christian Semler

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service) ——

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Saml E. Semler 68 West Side Ave Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic heart disease & cardiac decompensation — Interval Between Onset and Death: 10 mo.

420.0 Antecedent cause(s)

932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension, arteriosclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 19 50, to 23 July, 19 50, that I last saw the deceased alive on 22 July, 19 50, and that death occurred at 8:10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E H Hoaklander M. D. Hagerstown Md. 7/24/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 7/25/50

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown Wash. co. Md.

DATE REC'D BY LOCAL REG.: July 24 1950

REGISTRAR'S SIGNATURE: Chas H Boarer

24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman Hagerstown Md.

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VS-A15

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BUREAU Y. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 425 Summit Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 425 Summit Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Eliza	E.	Shaw	July	27	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	6-1-1862	88 yrs.	1	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework		Moscow Mills, Maryland	U.S.A.

13. FATHER'S NAME: Robert Green

14. MOTHER'S MAIDEN NAME: Isabel Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	NONE	Mrs. James W. Messersmith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Heart Disease	10 yrs
	(c)	

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 9, 1950 to July 27, 1950, that I last saw the deceased alive on July 26, 1950, and that death occurred at 12 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
O. H. Binkley	M.D.	Hagerstown Md	7/28/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-30-1950	Moscow Cemetery	Moscow, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 29, 1950	Elsie H. Bowers	C.M. Shuter & Sons	Hagerstown, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) Box 202

3. NAME OF DECEASED (Type or Print) (First) ~~Baby~~ Neal (Middle) ~~Boy~~ Wayne (Last) Slayman

4. DATE OF DEATH (Month) July (Day) 25 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S.
8. DATE OF BIRTH July 25, 1950
9. AGE last birthday 0 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min. 5 min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hagerstown, Md.
12. CITIZEN OF WHAT COUNTRY? U.S. of America

13. FATHER'S NAME Edward Leroy Slayman
14. MOTHER'S MAIDEN NAME Patricia Ann Shore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Premature (6 mo)	5 min
776 × Antecedent cause(s)		
159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-25, 19 50, to 7-25, 19 50, that I last saw the deceased alive on 7-25, 19 50, and that death occurred at 6:10 A m., from the causes and on the date stated above.

SIGNATURE A. Sw Sitto Jr. (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 7/25/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 7/25/50
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) Hagerstown (State) Md

DATE REC'D BY LOCAL REG. July 25, 1950
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Rest Haven Funeral Chapel ADDRESS Hagerstown Md.

2-0-7-25-0-21-3-24-0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 27 1950
BUREAU U. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07576

Reg. Dist. No. 304

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock
LENGTH OF STAY (in this place) 8 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock
STREET ADDRESS (If rural, give location) Main Street

3. NAME OF DECEASED (Type or Print) (First) Earl (Middle) — (Last) Smith

4. DATE OF DEATH (Month) July (Day) 7 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Nov. 13, 1897

9. AGE last birthday 52 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Orchard

11. BIRTHPLACE (State or foreign country) Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Smith

14. MOTHER'S MAIDEN NAME Emma Showalters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —

16. SOCIAL SECURITY No. 208-22-8961

17. INFORMANT AND ADDRESS Mrs. Mary W. Smith — wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Congestive Heart Failure

443X Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular disease

(c) Essential Hypertension

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 12, 1948, to July 7, 1950, that I last saw the deceased alive on July 7, 1950, and that death occurred at 8:30 P.m., from the causes and on the date stated above.

SIGNATURE L. M. Shaffer (Degree or title) M.D. ADDRESS Hancock Md DATE SIGNED 7/8/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 7-10-50

NAME OF CEMETERY OR CREMATORY Stephens Chapel Cem.

LOCATION (City, town, or county) (State) Bedford Co. Penna.

DATE REC'D BY LOCAL REG. July 8, 1950

REGISTRAR'S SIGNATURE J. A. Heller

24. FUNERAL DIRECTOR Charles R. Bast, Hancock, Md. ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

1. PLACE OF DEATH: COUNTY Washington; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 409 Mitchell Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 409 Mitchell Avenue

3. NAME OF DECEASED (Type or Print): (First) Florence (Middle) Amelia (Last) Smith
4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 2-2-1879
9. AGE last birthday: 71 yrs. If under 1 year: Months 5 Days 2 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Downsville, Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: George Dick
14. MOTHER'S MAIDEN NAME: Ella Hines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT AND ADDRESS: Thomas T. Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary arteriosclerosis — 3-4 mo.

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Angina pectoris — 3-4 mo

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1950, to July 4, 1950, that I last saw the deceased alive on July 1, 1950, and that death occurred at 10:37 P.M. from the causes and on the date stated above.

SIGNATURE W. DeLoyma, M.D. (Degree or title) ADDRESS Hagerstown, Md. DATE SIGNED July 6, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7-7-1950
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: July 7, 1950
REGISTRAR'S SIGNATURE: Charles Bowers
24. FUNERAL DIRECTOR: C.M. Suter & Sons, Hagerstown, Md.
ADDRESS

VS-A15

Dr. William J. Layman

07578

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (in this place) 11 mos. 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Hall
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Thomas (Last) Smith
4. DATE OF DEATH (Month) July (Day) 28 (Year) 1950

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH May 3, 1872
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm owner
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jacob Smith
14. MOTHER'S MAIDEN NAME Matilda Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Ritchie State Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
154x Immediate cause	(a) Carcinoma Of Rectum With Metastasis	1 yr.
46d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis Rt. Hemiplegia 4 yrs.

19a. DATE OF OPERATION Jan. 20, 1950
19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma Of Rectum With Peritoneal Metastasis
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 12, 1950, to July 28, 1950, that I last saw the deceased alive on July 28, 1950, and that death occurred at 4.05 P m., from the causes and on the date stated above.

SIGNATURE William B. Birch (Degree or title) M.D. ADDRESS Ritchie State Hospital Cascade, Md DATE SIGNED 7-28-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July-30-50
NAME OF CEMETERY OR CREMATORY Pine Grove
LOCATION (City, town, or county) White Hall (State) Md

DATE REC'D BY LOCAL REG. 7/28/50
REGISTRAR'S SIGNATURE John B. Cochran
24. FUNERAL DIRECTOR Howard S. Markline ADDRESS White Hall Md

Dep. Local Registrar

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 506

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cascade — LENGTH OF STAY (in this place): 5 months and 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre De Grace
STREET ADDRESS (If rural, give location): Adams street

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Edward (Last) Smith
4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: April 17, 1869
9. AGE last birthday: 81 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bridgeman
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Casper Smith
14. MOTHER'S MAIDEN NAME: Moris
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unk.
16. SOCIAL SECURITY No.: unk.
17. INFORMANT AND ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalized Arteriosclerosis — many yrs.

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Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

97

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 30, 1950, to July 8, 1950, that I last saw the deceased alive on July 8, 1950, and that death occurred at 5:25 P.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Daniel Lai, M.D. — ADDRESS: Ritchie Hospital, Cascade, Md. — DATE SIGNED: 7/8/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 7/11/50 — NAME OF CEMETERY OR CREMATORY: Havre De Grace — LOCATION (City, town, or county) (State): Havre De Grace Md.

DATE REC'D BY LOCAL REG.: 7/8/50 — REGISTRAR'S SIGNATURE: John R Cochran — 24. FUNERAL DIRECTOR: H.K. Coffman — ADDRESS: Hagerstown Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07580

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Security
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Security

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Security
STREET ADDRESS (If rural, give location) No Street Address

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Bruce (Last) Snyder

4. DATE OF DEATH (Month) July (Day) 13 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH 1-14-1886

9. AGE last birthday 64 yrs. If under 1 year Months 6 Days 1 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Locomotive Engineer

10b. KIND OF BUSINESS OR INDUSTRY N.A.Cem. Co.

11. BIRTHPLACE (State or foreign country) Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Dizon Snyder

14. MOTHER'S MAIDEN NAME Clara Ann Horn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 213-10-6805

17. INFORMANT AND ADDRESS Mrs. Catherine Hoffer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

161X Immediate cause (a) Carcinoma Larynx

47a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 1½ yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Apr. 5 1950

19b. MAJOR FINDINGS OF OPERATION Carcinoma of larynx - Laryngectomy

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 30, 1949, to July 13, 1950, that I last saw the deceased alive on July 13, 1950, and that death occurred at 11.30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. D. Campbell ADDRESS Hagerstown Md. DATE SIGNED 7/15-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 7-17-1950

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REG. July 16, 1950

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR ADDRESS C.M.Suter & Sons, Hagerstown, Md.

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JUL 18 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr Welty 07581

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 1/2 hour
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 731 Virginia Ave

3. NAME OF DECEASED (Type or Print): (First) ROY (Middle) ODEN (Last) SOUTH

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Sept 28 1878

9. AGE last birthday: 71 yrs. — If under 1 year: Months; Days — If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant — Retired Upholsterer

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Beaver creek Wash. Co.

12. CITIZEN OF WHAT COUNTRY?: Md. U.S.A

13. FATHER'S NAME: Benj. Geary South

14. MOTHER'S MAIDEN NAME: Jane Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Raney South Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 30 mn.

420.1 Antecedent cause(s)

90a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerosis.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 13, 1950, to July 13, 1950 that I last saw the deceased alive on July 13, 1950, and that death occurred at 3:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Chas A. Hoffman — ADDRESS: 214 N. Potomac st. Hagerstown, Md. — DATE SIGNED

23. BURIAL / CREMATION / REMOVAL (Specify): Burial — DATE: 7/15/50 — NAME OF CEMETERY OR CREMATORY: Boonsboro Cemetery — LOCATION (City, town, or county) (State): Boonsboro Wash. Co. Md

DATE REC'D BY LOCAL REG.: July 15 1950 — REGISTRAR'S SIGNATURE: Ethel Hower

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman Hagerstown Md.

156-74

RECEIVED
JUL 18 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07582

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 119 East ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 119 East ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Lee	Staley	July	3	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	April 27th 1913	37 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Route man	Vending Machine	Shepherdstown W Va.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Daniel D Staley	Elmira Carr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	232-26-7704	Ella May Staley 119 East ave Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Rheumatic heart disease	3 yrs.
416x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 95b	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 10, 1947, to 3 July, 1950, that I last saw the deceased alive on 2 July, 1950, and that death occurred at 7:00 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Edward H Coulbourn	MD	Hagerstown Md	7/3/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 6th 1950	Rest Haven Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
July 6 1950	Chas H Bowers	Rest Haven Funeral Chapel

496 78

RECEIVED
JUN 30 1980
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

07583

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown Rural
LENGTH OF STAY (in this place): 42 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Middletown Md- R.1

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland. COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown Rural.
STREET ADDRESS (If rural, give location): Middletown Md. R.1

3. NAME OF DECEASED (Type or Print): (First) Jennie (Middle) (Last) Summers

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 12 1859

9. AGE last birthday: 91-3-18 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home.

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Harris

14. MOTHER'S MAIDEN NAME: No Record.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Peter H. Uragg Tampa. Florida.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 **Immediate cause** (a) Chronic myocardial

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) heart failure grade IV

(c) (arteriosclerotic)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: noturol causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE AND TITLE OF CERTIFYING PHYSICIAN — **DEPUTY MEDICAL EXAM. ADDRESS** — **DATE SIGNED**

E. Robert Wells M.D. — WASH. CO., MD. — Hagerstown Md. — July 9 '50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: July. 11. 1950

NAME OF CEMETERY OR CREMATORY: Boonsboro Cemetery

LOCATION (City, town, or county) (State): Boonsboro Washington Co. Md.

DATE REC'D BY LOCAL REG.: July. 10. 1950

REGISTRAR'S SIGNATURE: John W. Bast

24. FUNERAL DIRECTOR ADDRESS: Wm. J. Bast & Sons Boonsboro Md.

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JUL 13 1950
BUREAU V. S.

07584

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md. LENGTH OF STAY (in this place) 75 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport Sanatarium	STREET ADDRESS (If rural give location) Artizan Street

3. NAME OF DECEASED (Type or Print)	(First) Joseph	(Middle) Henry	(Last) Taylor	4. DATE OF DEATH	(Month) July	(Day) 13	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH July 19 1874	9. AGE last birthday 75 yrs.	If under 1 year Months 11	Days 23	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY Texaco Oil Co.	11. BIRTHPLACE (State or foreign country) Williamsport Md.	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME William Henry Taylor	14. MOTHER'S MAIDEN NAME Matilda Wolfe						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 214-14-6161	17. INFORMANT Mrs. Catherine Downs					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Occlusion	2 weeks
94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	Indefinite
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. →

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from July 1, 1950, to July 15, 1950 that I last saw the deceased alive on July 13, 1950, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	Williamsport Md.	July 15

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF July 16 1950	NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery	LOCATION (City, town, or county) (State) Williamsport Md.
DATE REC'D BY LOCAL REG. July 16-50	REGISTRAR'S SIGNATURE E Lee McElroy	24. FUNERAL DIRECTOR Edith V. Leaf	ADDRESS Williamsport Md.

420 7V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 19 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07585

CERTIFICATE OF DEATH

Reg. Dist. No. 304

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Hancock — LENGTH OF STAY (in this place) 1½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Hancock
STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print): (First) Louie (Middle) Hess (Last) Truax

4. DATE OF DEATH: (Month) July (Day) 1 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 11-8-1880

9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Morton Hess

14. MOTHER'S MAIDEN NAME: Tamie Palmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Claude Truax, Route #1, Hancock, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Mitral Heart disease

444X Antecedent cause(s)

92b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1950, to July 1, 1950, that I last saw the deceased alive on June 29, 1950, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L M Hoffer MD — ADDRESS Hancock Md — DATE SIGNED 7/1/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 7-4-50 — NAME OF CEMETERY OR ~~CREMATORY~~ Pleasant Grove Christian — LOCATION (City, town, or county) Fulton Co. (State) Penna.

DATE REC'D BY LOCAL REG. 7-4-50 — REGISTRAR'S SIGNATURE J. A. Heller

24. FUNERAL DIRECTOR — ADDRESS Charles R. Bast, Hancock, Md.

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JUL 6 1960
BUREAU V. C.

MARYLAND STATE DEPARTMENT OF HEALTH

07586

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (in this place) 1 yr. 4 mos. 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge
STREET ADDRESS (If rural, give location) Locust St.

3. NAME OF DECEASED (Type or Print): (First) Julia (Middle) Elizabeth (Last) Warner
4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 29, 1864
9. AGE last birthday: 85 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Josiah Strawsburg
14. MOTHER'S MAIDEN NAME: Susan Fogle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Ritchie Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic Heart Disease	5 days
4200 Antecedent cause(s)	(b) Bronchopneumonia	10 days
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerosis, Generalized	20 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 12, 1950 to July 22, 1950, that I last saw the deceased alive on July 22, 1950, and that death occurred at 7:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
William B. Birch M.D. Ritchie State Hosp. Cascade, Md. 7-22-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-26-50
NAME OF CEMETERY OR CREMATORY Beaver Dam
LOCATION (City, town, or county) (State) Near Union Bridge Md

DATE REC'D BY LOCAL REG. 7-24-50
REGISTRAR'S SIGNATURE Geo. W. Ferguson
24. FUNERAL DIRECTOR ADDRESS Raymond K. Wright Union Bridge Md.

VS-A15

RECEIVED
JUL 27 1950
BUREAU V. S.

107

Evidence for addition in 18 shown on:

FILM NO. G 12 NOV 14 1950

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07587

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13A

1. PLACE OF DEATH: COUNTY: Washington — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Glen Spring — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Spring (Rural)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.F.D.	STREET ADDRESS (If rural, give location): R.F.D.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Catherine	Wiley	July	22	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	white	Single	Jan. 24, 1934	16 yrs.	5	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Keeper	At Home	Near Clearspring, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Albert Hart	Catherine Wiley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No / No	None	Mr. J. Rush Wiley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cause undetermined. To be reported after toxocology examinations.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Autopsy findings: Acute interstitial pneumonia (11-14-50 akc)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
None m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Robert Mello	M.D., DEPUTY MEDICAL EX. WASH. CO., MD.	115 N. Potomac Hagerstown, Md.	7/24/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/25/50	Park Head Cemetery	Near Hancock, Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
July 25/50	J. W. Murray Reg	Edith V. Leaf ; Williamsport, Maryland

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